

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm	71002	3/30/99
O.I.P.E. CLASSIFIER		59	4/5
FORMALITY REVIEW	23	65085	4/13/99

# INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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